

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004192

Entity Name: CHRISTIAN LIFE FOUNDATION MINISTRIES, INCORPORATED**Current Principal Place of Business:**9026 NW 20TH AVENUE
MIAMI, FL 33147**Current Mailing Address:**12340 W. GOLF DRIVE
MIAMI, FL 33167-1845 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TERRY, JAMES L
12340 WEST GOLF DRIVE
MIAMI, FL 33167-1845 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name TERRY, JAMES L SR.
Address 12340 WEST GOLF DRIVE
City-State-Zip: MIAMI FL 33167

Title FINANCE RECORDER
Name WILLIAMS, MELANIE
Address 479 NE 30TH STREET
 APT #803
City-State-Zip: MIAMI FL 33137

Title TRUSTEE
Name GIBSON, JAMES
Address 17311 NW 34TH AVENUE
City-State-Zip: MIAMI FL 33056

Title TREASURER
Name TAYLOR, EDNA COOLEY
Address 1521 NW 56TH STREET
City-State-Zip: MIAMI FL 33142

Title FINANCIAL SECRETARY
Name WHITE, JAMIE L
Address 14155 WEST DIXIE HIGHWAY
 APT #5
City-State-Zip: NORTH MIAMI FL 33161

Title TRUSTEE
Name HOBES GIBSON, ANNIE
Address 17311 NW 34TH AVENUE
City-State-Zip: MIAMI FL 33056

Title TRUSTEE
Name TERRY, HELEN J
Address 12340 W. GOLF DRIVE
City-State-Zip: MIAMI FL 33167-1845

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES L. TERRY**PRESIDENT****05/03/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date